

PSYCHOLOGY
PRACTICUM TRAINING APPLICATION

(Eleven Month Practica 2006-2007)

1. NAME:

ADDRESS:

(City)

(State)

(Zip Code)

SOCIAL SECURITY #:

2. HOME PHONE:

OFFICE PHONE:

E-MAIL ADDRESS:

3. U.S. CITIZEN: YES NO

4. SCHOOL:

CURRENT PROGRAM YEAR: FIRST SECOND THIRD

5. APA APPROVED CLINICAL PROGRAM
APA APPROVED COUNSELING PROGRAM

6. DIRECTOR OF CLINICAL TRAINING:

NAME:

SCHOOL:

ADDRESS:

(City)

(State)

(Zip Code)

PHONE:

7. a. WHAT ROTATION ARE YOU REQUESTING?

(Please rank order only the **one** rotations in which you are interested; descriptions of rotations are in the brochure)

____ Neuropsychology and Clinical Neuroscience, Dr. O'Donnell (Assessment Rotation) and Dr. Konopka (Research Rotation)

____ Psychiatry Inpatient & Rehabilitation, Dr. Murphy (Assessment Only Rotation)

____ Physical Medicine & Rehabilitation, Dr. Blacconiere (Assessment and Psychotherapy Rotation)

8. LIST THE ASSESSMENT COURSES YOU WILL HAVE COMPLETED PRIOR TO BEGINNING THE PRACTICUM:

10. IN A SHORT PARAGRAPH, PLEASE DESCRIBE YOUR TRAINING GOALS FOR A PRACTICUM EXPERIENCE AND HOW HINES VA MIGHT HELP YOU FULFILL THESE.

SIGNATURE: _____
(if sent by email, your name typed is your signature)